## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 467089

(9)

MORALMAR KITCHEN CABINETS, INC.

| Principal Place of Business         | Mailing Address                     |  |
|-------------------------------------|-------------------------------------|--|
| 3130 W 15TH AVE<br>HIALEAH FL 33012 | 3130 W 15TH AVE<br>HIALEAH FL 33012 |  |

**FILED** Jan 23 1998 8:00am Secretary of State



| HIALEAH FL                              | 33012  | HIALEAH FL 33012                      |   |        |              | DO NOT WRITE IN THIS SPACE :   |
|---|--|---------------------------------------|---|--------|--------------|--|
|   |  |                                       |   |        |              | 3. Date Incorporated or Qualified  |
| }                                       |  |                                       |   |        |              | 01/03/1975   |
| 2. Principal Pl                         | lace of Business                                   | 2a. Mailing Address                   |   |        |              | 4. FEI Number Applied For  |
| 21 26                                   |  |                                       |   |        |              |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. |  |                                       |   |        |              |  |
| 27                                      |  |                                       | 5. Certificate of Status Desired Fee Required |        |              |  |
| City & State                            | e  | City & State                          |   |        |              | 6. Election Campaign Financing \$5.00 May Be   |
| Zip                                     | Country  | 28                                    | Zip Country                                   |        |              | Trust Fund Contribution  |
| 24                                      | 25   | 29                                    | 30  |        |              | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes   |
| [24]                                    | 9. Name and Address of Currer                      |                                       | 30  | т_     |              | 10. Name and Address of New Registered Agent   |
| Rit                                     | ECHER, NOELIA E.                                   |                                       |   | 81     | Name         |  |
| 1                                       | 30 WEST 15TH AVENUE                                |                                       |   |        |              |  |
| 1                                       | ALEAH FL 33012                                     |                                       |   | 82     | Street       | Address (P.O. Box Number is Not Acceptable)  |
| 1                                       | (QL 0)   L 000   L                                 |                                       |   | 83     |              |  |
|   |  |                                       |   | 84     | City         | 85 Zip Code  |
| dd Diversional (                        | to the proviolence of Continue COZ OF              | 22 and 607 1506 Florida State         | o the   |        |              | FL STANDARD OF THE STANDARD FOR THE STANDARD OF CHARGING IN CONTRACTOR   |
| office or re                            | egistered agent, or both, in the State             | of Florida, Such change was a         | es, ine<br>luthoriz                           | ed by  | the corp     | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |
| 1                                       | m tamiliar with, and accept the oblig              | ations of, Section 607.0505, Fig      | orida St                                      | atutes | 3.           |  |
| SIGNATURE                               | Signature, typed or printed name of registered ag- | ent and title if applicable. (NOTE    | Registe                                       | ed Age | nt signature | e required when reinstating) DATE  |
| 12.                                     |  | D DIRECTORS                           | 13  | ·      |              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition  |
| TITLE                                   | PD   | DELETE                                | 1.1   | TITLE  |              | Change Addition  |
| NAME                                    | MORENO,EDUARDO                                     |                                       | 1.2   | NAME   | !            | 1  |
| STREET ADDRESS                          | 3130 W 15TH AVE                                    |                                       | 1.3   | STREET | ADDRESS      |  |
| CITY - ST - ZIP                         | HIALEAH FL   |                                       | 1,4   | CITY-S | T-21P        |  |
| TITLE                                   | VD   | ■ DELETE                              | 2.1   | TITLE  |              | Change L Addition C  |
| NAME                                    | BAEZ, ANDRES                                       |                                       | 2.2   | NAME   |              |  |
| STREET ADDRESS                          | 3130 W 15TH AVE                                    |                                       | 2.3   | STREET | ADDRESS      | j  |
| CITY-ST-ZIF                             | HIALEAH FL   |                                       | 2 4 CITY                                      |        | ST-ZIP       |  |
| TITLE                                   | SD   | ☐ DELETE                              | 3.1   | TITLE  |              | Change Addition  |
| NAME                                    | MORENO, NOELIA                                     |                                       | 3.2   | NAME   |              |  |
| STREET ADDRESS                          | 3130 W 15TH AVE                                    |                                       | 33  | STREET | ADDRESS      |  |
| CITY-ST-ZIP                             | HIALEAH FL   |                                       |   | CITY-S | ST-ZIP       |  |
| TITLE                                   | TD   | ☐ DELETE                              |   | TITLE  |              | ☐ Change ☐ Addition  |
| NAME                                    | BLECHER, NOELIA E                                  |                                       | 4. 2  | NAME   |              |  |
| STREET ADDRESS                          | 3130 W 15TH AVE                                    |                                       | 4.3   | STREET | ADDRESS      |  |
| CITY-ST-ZIP                             | HIALEAH FL 33012                                   |                                       | 4.4   | cπy-s  | T-ZIP        | <u>                                     </u>   |
| TITLE                                   |  | DELETE                                | 5.1   | TITLE  |              | Change Addition  |
| NAME                                    |  |                                       | 5.2   | NAME   |              |  |
| STREET ADDRESS                          |  |                                       | 5.3   | STREET | ADDRESS      |  |
| CATY-ST-ZIP                             | ·  |                                       | 5.4   | CITY-S | T-ZIP        |  |
| TITLE                                   | <del></del>  | DELETE                                | 6.1   | TITLE  |              | Change Addition  |
| NAME                                    |  |                                       | 6.2   | NAME   |              |  |
| STREET ADDRESS                          |  |                                       | 6.3   | STREET | ADDRESS      |  |
| CITY-ST-ZIP                             | <u> </u>   | <del></del>                           | 6.4   | CITY-S | T-ZIP        |  |
| 14. I hereby o                          | certify that the information supplied w            | with this filing does not qualify for | r the e                                       | xemp   | tion state   | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information   |

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 sepanged, or on an attachment with an address.